B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or it part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

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In re Roosevelt Coles & Karen Kappler Coles

Case No. <u>15-10761</u> (If known)

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and **Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C -Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Single Family Home - 134 Value does not include any costs of sale.	Fee Simple	W	585,975.00	585,966.15
134 Russell Rd W. Newton, MA 02465				
Single Family Home - 138 Value does not include any costs of sale.	Fee Simple	Н	620,638.00	575,334.06
138 Russell Rd. W. Newton, MA 02465				
			1 206 612 00	

1,206,613.00

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Desc Main

Case No. <u>15-1</u>0761 In re Roosevelt Coles & Karen Kappler Coles Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash in wallet	Н	1,700.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses,		Checking Account TD Bank - Acct Ending 6891	Н	427.00
or cooperatives.		Checking Account TD Bank, Acct Ending 2614	Н	1,057.56
		Checking Account Watertown Savings Bank Acct Ending 2079	W	-94.80
Security deposits with public utilities, telephone companies, landlords, and others.	X			
Household goods and furnishings, including audio, video, and computer equipment.		Bedroom Set Living Room Set Refrigerator Hot Water Heater Kitchen Set Microwave Washer & Dryer Computer Laptop Computer Computer (old) TV - 56" Flat Screen TV - Sony CRT Misc household goods		500.00 300.00 500.00 900.00 700.00 20.00 500.00 1,100.00 600.00 100.00 900.00 100.00 900.00

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In re	Roosevelt Coles & Karen Kappler Coles	Case No. 15-10761
	Debtor	(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

(Continuation Sheet)					
TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
 Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 	X				
6. Wearing apparel.		Clothing	J	2,000.00	
7. Furs and jewelry.		Watch Wedding Bands	H J	100.00 500.00	
Firearms and sports, photographic, and other hobby equipment.		Tennis Rackets	Н	2,000.00	
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X				
10. Annuities. Itemize and name each issuer.	X				
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X				
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401k	W	77,252.68	
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X				
14. Interests in partnerships or joint ventures. Itemize.	X				
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X				
16. Accounts receivable.	X				
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X				
18. Other liquidated debts owing debtor including tax refunds. Give particulars.		Federal Tax Refund United States Treasury	J	3,503.00	
		State Tax Refund Massachusetts Treasury	J	648.00	
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X				

In re Roosevelt Coles & Karen Kappler Coles

Case No. 15-10761

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.		Personal Injury Suit Demand of \$100,000 made. Liability contested. Settlement value uncertain. Any and all employment claims against Uber to the extent	Н	Indeterminate Unknown
		they exist		
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2008 Range Rover HSE - 107k mi. 1998 Mercedes C230 154,600k mi	H W	15,320.00 1,145.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
		0 continuation sheets attached Tot		\$ 112,678.44

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In re Roosevelt Coles & Karen Kappler Coles

Case No. 15-10761

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under	r:
(Check one box)	

	11 U.S.C. § 522(b)(2)
abla	11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675*.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Single Family Home - 138 Value does not include any costs of sale.	(Husb)MGL ch.188 §2	45,303.94	620,638.00
Checking Account	(Husb)MGL ch.235 §34(15)	427.00	427.00
Checking Account	(Husb)MGL ch.235 §34(15)	1,057.56	1,057.56
Cash in wallet	(Husb)MGL ch.235 §34(17)	1,700.00	1,700.00
Bedroom Set	(Husb)MGL ch.235 §34(1)	500.00	500.00
Living Room Set	(Husb)MGL ch.235 §34(2)	300.00	300.00
Refrigerator	(Husb)MGL ch.235 §34(1)	500.00	500.00
Hot Water Heater	(Husb)MGL ch.235 §34(1)	900.00	900.00
Kitchen Set	(Husb)MGL ch.235 §34(2)	700.00	700.00
Microwave	(Husb)MGL ch.235 §34(17)	20.00	20.00
Washer & Dryer	(Husb)MGL ch.235 §34(17)	500.00	500.00
Computer	(Husb)MGL ch.235 §34(12)	1,100.00	1,100.00
Laptop Computer	(Wife)MGL ch.235 §34(12)	600.00	600.00
Computer (old)	(Husb)MGL ch.235 §34(17)	100.00	100.00
TV - 56" Flat Screen	(Husb)MGL ch.235 §34(12)	900.00	900.00
TV - Sony CRT	(Wife)MGL ch.235 §34(12)	100.00	100.00
Misc household goods	(Husb)MGL ch.235 §34(17)	900.00	900.00

^{*}Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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In re Roosevelt Coles & Karen Kappler Coles

Case No. 15-10761

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Clothing	(Husb)MGL ch.235 §34(1) (Wife)MGL ch.235 §34(1)	1,000.00 1,000.00	2,000.00
Watch	(Husb)MGL ch.235 §34(17)	100.00	100.00
Wedding Bands	(Husb)MGL ch.235 §34(17) (Wife)MGL ch.235 §34(17)	250.00 250.00	500.00
Tennis Rackets	(Husb)MGL ch.235 §34(17)	2,000.00	2,000.00
2008 Range Rover HSE - 107k mi.	(Husb)MGL ch.235 §34(16)	5,036.00	15,320.00
1998 Mercedes C230 154,600k mi	(Wife)MGL ch.235 §34(16)	1,145.00	1,145.00
401k	(Wife)MGL ch.235 §34A	77,252.68	77,252.68
Federal Tax Refund	(Wife)MGL ch.235 §34(17)	3,503.00	3,503.00
State Tax Refund	(Wife)MGL ch.235 §34(17)	648.00	648.00
	Total exemptions claimed:	147,793.18	

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In re _	Roosevelt Coles & Karen Kappler Coles	 ,	Case No. 15-10761
	Debtor		(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C \$112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY	
ACCOUNT NO. 1142686			Lien: Reverse Mortgage						
CELINK P.O. BOX 40724 LANSING, MI 48901		Н	Security: Single Family Home - 138 Russell Rd				395,334.06	0.00	
			VALUE \$ 620,638.00						
ACCOUNT NO. 11032716323407			Lien: PMSI						
CHASE AUTO PO BOX 901003 FT WORTH, TX 76101		Н	Н	Security: 2008 Range Rover HSE				10,284.00	0.00
			VALUE \$ 15,320.00						
ACCOUNT NO. 2009 Income			Incurred: 01/20/2015						
Massachusetts Department of Revenue Bankruptcy Unit PO Box 9564 Boston MA 02114		J	Lien: Tax Lien Security: 134 and 138 Russell Rd				7,585.09	0.00	
			VALUE \$ 1,206,613.00						
1 continuation sheets attached			(Total c	Sub	tota	l≽	\$ 413,203.15	\$ 0.00	
			(Use only o	_	[ofa]	ı≫	\$	\$	

(Report also on (If applicable, rep Summary of Schedules) also on Statistical

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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In re	Roosevelt Coles & Karen Kappler Coles ,	Case No	15-10761		
	Debtor			(If known)	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 2010 - 2013 Income Massachusetts Department of Revenue Bankruptcy Unit PO Box 9564 Boston MA 02114	-	J	Incurred: 11/10/2014 Lien: Tax Lien Security: 134 and 138 Russell Rd. VALUE \$ 1,206,613.00				36,175.06	0.00
ACCOUNT NO. PROPOSED 2nd MORTGAGE			Incurred: post-petition Lien: Second Mortgage Security: 138 Russell Rd VALUE \$ 620,638.00	X			180,000.00	0.00
ACCOUNT NO. 2770016851313 SELECT PORTFOLIO SVCIN PO BOX 65250 SALT LAKE CITY, UT 84165		W	Lien: First Mortgage Security: Single Family Home - 134 Russell VALUE \$ 585,975.00				542,206.00	0.00
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.	_		VALUE \$					
Sheet no. 1 of 1 continuation sheets attached Schedule of Creditors Holding Secured Claims	to		Su' (Total(s) o	f thi	al (s s pa otal	ge)	\$ 758,381.06 \$ 1,171,584.21	\$ 0.00 \$ 0.00

(Use only on last page) $\begin{bmatrix} \$ 1,171,584.21 \end{bmatrix}$

(If applicable, report (Report also on

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B6E (Official Form 6E) (04/13)

In re	Roosevelt Coles & Karen Kappler Coles	,	Case No.	15-10761	
	Debtor			(if known)	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife. both of them or the marital community may be liable on each claim by placing an "H,""W,""J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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amounts not entitled to priority listed on each sneet in the box labeled "Subtotals" on each sneet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
Domestic Support Obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

^{*}Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E	(Official	Form 6E	(04/13)) - Cont.
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In re Roosevelt Coles & Karen Kappler Coles	Case No. 15-10761
Debtor	(if known)
Certain farmers and fishermen	
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, again	ast the debtor, as provided in 11 U.S.C. § 507(a)(6).
Deposits by individuals	
Claims of individuals up to $2,775$ * for deposits for the purchase, lease, or rental of probability that were not delivered or provided. 11 U.S.C. § $507(a)(7)$.	operty or services for personal, family, or household use,
☐ Taxes and Certain Other Debts Owed to Governmental Units	
Taxes, customs duties, and penalties owing to federal, state, and local governmental u	mits as set forth in 11 U.S.C. § 507(a)(8).
Commitments to Maintain the Capital of an Insured Depository Institution	
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Super Governors of the Federal Reserve System, or their predecessors or successors, to maintain U.S.C. § 507 (a)(9).	
☐ Claims for Death or Personal Injury While Debtor Was Intoxicated	
Claims for death or personal injury resulting from the operation of a motor vehicle or alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).	vessel while the debtor was intoxicated from using
* Amounts are subject to adjustment on 4/01/16, and every three years thereafter wi adjustment.	th respect to cases commenced on or after the date of

2 continuation sheets attached

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B6E (Official Form 6E) (04/13) - Cont.

In reRoosevelt Coles & Karen Kappler Coles	,	Case No.15-10761
Debtor		(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

							J1 J		=
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.			Consideration: Real						
CITY OF NEWTON TAX COLLECTOR 1000 COMMONWEALTH AVE NEWTON, MA 02459		J	Estate Tax 134 & 138 Russell				Unknown	Unknown	Unknown
ACCOUNT NO. 2009 1040			Incurred: 2009						
INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA, PA 19101		Н					57,265.47	57,265.47	0.00
ACCOUNT NO. 2010 1040			Incurred: 2010						
INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA, PA 19101		Н					66,551.30	66,551.30	0.00
ACCOUNT NO. 2011 1040 INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA, PA 19101	-	Н	Incurred: 2011				22,007.73	22,007.73	0.00
Sheet no. 1 of 2 continuation sheets attached Creditors Holding Priority Claims	to S	chedu	le of (Totals of			>> e)	\$ 145,824.50	\$ 145,824.50	\$ 0.00
Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)						\triangleright	\$		
						\triangleright	\$	\$	\$

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B6E (Official Form 6E) (04/13) - Cont.

In reRoosevelt Coles & Karen Kappler Coles	,	Case No.15-10761		
Debtor		(If known)		

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 2012 1040									
INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA, PA 19101		Н					45,388.65	45,388.65	0.00
ACCOUNT NO. 2013 1040			Incurred: 2013						
INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA, PA 19101							5,340.40	5,340.40	0.00
ACCOUNT NO. 2009 - 2014 PENALTIES	5		Incurred: 2009 -						
INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA, PA 19101		J	2014				82,638.06	0.00	82,638.06
ACCOUNT NO. 2009 Income									
New York State Dept of Taxation Bankruptcy Section PO Box 5300 Albany NY 12205		W				2	20,541.51	0.00	20,541.51
Sheet no. 2 of 2 continuation sheets attached Creditors Holding Priority Claims	to Sc	chedul	e of (Totals of	ıbto this		> e)	\$ 153,908.62	\$ 50,729.05	\$103,179.57
		Sche	only on last page of the compedule E.) Report also on the So			\triangleright	\$ 299,733.12		
of Schedules) Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.) \$ \$ 196,553.55 \$103,179.57									

Document

B6F (Official Form 6F) (12/07)

Bankruptcy2015 @1991-2015, New Hope Software, Inc., ver. 5.1.2-874 - Friday, March 27, 2015, at 09:59:13 - MYJX-MJKA**** - PDF-XChange 4.0

III I C	Treeseven cores et ramen rapprer cores	Case 110.		
In re	Roosevelt Coles & Karen Kappler Coles	Case No.	15-10761	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community,"

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5178059890575724 CAP ONE PO BOX 85520 RICHMOND, VA 23285		Н					4,133.00
ACCOUNT NO. 5178059402902259 CAP ONE PO BOX 85520 RICHMOND, VA 23285		Н					1,783.00
ACCOUNT NO. 4663060060087149 CAP ONE PO BOX 85520 RICHMOND, VA 23285		Н					899.00
ACCOUNT NO. 5155970078438575 CAP ONE PO BOX 85520 RICHMOND, VA 23285		Н					595.00
continuation sheets attached	-	7	S		otal otal		\$ 7,410.00 \$

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B6F	(Official	Form (6F) ((12/07)) -	Cont.
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In re	Roosevelt Coles & Karen Kappler Coles	,	Case No.	15-10761		
	Debtor				(If known)	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5491100012710805	Γ						
CAP ONE PO BOX 85520 RICHMOND, VA 23285		W					124.00
ACCOUNT NO. 5410658421624972	t						
CITI PO BOX 6241 SIOUX FALLS, SD 57117		Н					2,859.00
ACCOUNT NO. 109023746	t						
COMCAST CABLE COMMUNICAT 8014 BAYBERRY RD JACKSONVILLE, FL 32256	1	Н					367.00
ACCOUNT NO. 21793548	t					\vdash	
DIRECTV 10550 DEERWOOD PARK BLVD JACKSONVILLE, FL 32256		Н					673.00
ACCOUNT NO. 6011208997866952 DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON, DE 19850		Н					4,266.00
Sheet no. 1 of 3 continuation sheets atta to Schedule of Creditors Holding Unsecured	ched			Sub	tota	l⊳	\$ 8,289.00
Nonpriority Claims				7	[ota]	I≫	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re	Roosevelt Coles & Karen Kappler Coles	 ,	Case No	15-10761		
	Debtor				(If known)	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4129691421320	T						
MCYDSNB 9111 DUKE BLVD MASON, OH 45040		Н					284.00
ACCOUNT NO. 10492630	+						
NATIONAL GRID - NE 115 FLANDERS RD STE 140 WESTBOROUGH, MA 01581		W					873.00
ACCOUNT NO. 19132219	t						
NATIONAL GRID NE 2491 PAXTON ST HARRISBURG, PA 17111		W					520.00
ACCOUNT NO. 948273	+					H	
NEWTON / WELLESLEY ORTHO 100 MEDWAY RD STE 201 MILFORD, MA 01757		Н					108.00
ACCOUNT NO. 4839500328018906	t					\vdash	
TD BANK N.A. 70 GRAY RD PORTLAND, ME 04105		Н					16,380.00
Sheet no. 2 of 3 continuation sheets atta	ched	<u> </u>		Sub	tota	1>>	\$ 18,165.00

Nonpriority Claims

(Use only on last p

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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In re	Roosevelt Coles & Karen Kappler Coles	 ,	Case No	15-10761		
	Debtor				(If known)	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3504305090001	Τ						
VERIZON 500 TECHNOLOGY DR STE 30 WELDON SPRING, MO 63304		W					1,955.00
ACCOUNT NO.	+				H	Н	
ACCOUNT NO.	Ι						
ACCOUNT NO.	T					П	
ACCOUNT NO.							
Sheet no. 3 of 3 continuation sheets atta	iched			Sub	tota	1⊳	\$ 1,955.00

Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

otal > \$

\$ 35,819.00

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B6G (Official Form 6G) (12/07)		Document F	Page 18 of 48

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Roosevelt Coles & Karen Kappler Cole	Roosevelt Coles & Karen Kappler Coles	Case No.	15-10761
	Debtor		(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☑ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

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Case	15-10761		ed 03/27/15 Enter ocument Page 20		Desc Main
Fill in this information	n to identify y	your case:			
First Name	velt Coles	Middle Name	Last Name		
Debtor 2 Karen 2 (Spouse, if filing) First Name	Kappler Co	Middle Name	Last Name		
United States Bankruptcy	Court for the: _		District of MA		
Case number		15-10761	_	Check if this is:	
(II KIIOWII)				An amended filing	
				A supplement showing p chapter 13 income as of	
Official Form I	<u>B 6I</u>			MM / DD / YYYY	
Schedule	l: You	r Income			12/13
	e Employme	ent			
Part 1: Describe 1. Fill in your employr information.		ent	Debtor 1	Debtor 2 or no	n-filing spouse
Fill in your employr	ment an one job, age with	ent Employment status	Debtor 1 X Employed Not employed	Debtor 2 or no X Employed Not employed	
Fill in your employr information. If you have more that attach a separate painformation about additional information and information additional information and information additional information and information additional information and infor	ment an one job, age with additional easonal, or	Employment status	X Employed	X Employed	ed
Fill in your employr information. If you have more tha attach a separate pa information about ad employers. Include part-time, se	ment an one job, age with iditional easonal, or	Employment status Occupation	Employed Not employed	X Employed Not employe	ed ger Broker
1. Fill in your employr information. If you have more the attach a separate pa information about ad employers. Include part-time, se self-employed work. Occupation may Incl	ment an one job, age with iditional easonal, or	Employment status Occupation Employer's name	Employed Not employed Uber Driver "Partner"	Insurance Manag	ger Broker nsurance
1. Fill in your employr information. If you have more the attach a separate pa information about ad employers. Include part-time, se self-employed work. Occupation may Incl	ment an one job, age with iditional easonal, or	Employment status Occupation	Employed Not employed Uber Driver "Partner" Rasier LLC	Insurance Manag	ger Broker nsurance
1. Fill in your employr information. If you have more the attach a separate pa information about ad employers. Include part-time, se self-employed work. Occupation may Include.	ment an one job, age with iditional easonal, or	Employment status Occupation Employer's name	Employed Not employed Uber Driver "Partner" Rasier LLC 1455 Market St, 4th Fl	Employed Not emplo	ed ger Broker nsurance
1. Fill in your employr information. If you have more the attach a separate pa information about ad employers. Include part-time, se self-employed work. Occupation may Include.	ment an one job, age with iditional easonal, or	Employment status Occupation Employer's name	Employed Not employed Uber Driver "Partner" Rasier LLC 1455 Market St, 4th Fl Number Street San Francisco, CA 941	Insurance Manage First American I Underwriters Incomplete Street Number Street	ger Broker Insurance
1. Fill in your employr information. If you have more the attach a separate pa information about ad employers. Include part-time, se self-employed work. Occupation may Include.	ment an one job, age with iditional easonal, or	Employment status Occupation Employer's name	Employed Not employed Uber Driver "Partner" Rasier LLC 1455 Market St, 4th Fl Number Street San Francisco, CA 941 City State	Employed Not emplo	ed ger Broker nsurance

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.

2. \$\ \(\)

For Debtor 2 or non-filing spouse

page 1

For Debtor 1

4. Calculate gross income. Add line 2 + line 3.

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Roosevelt Coles

Debtor 1

First Name Last Name

15-10761
Case number (if known)

For Debtor 1 For Debtor 2 or non-filing spouse 2,600.00 6,820.05 Copy line 4 here 5. List all payroll deductions: 752.35 1,597.86 5a. Tax, Medicare, and Social Security deductions 5a 0.00 0.00 5b. Mandatory contributions for retirement plans 5b 483 92 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 187.06 5e. Insurance 5e 0.00 0.00 5f. Domestic support obligations 5f 0.00 0.00 5g. Union dues 5g 0.00 0.00 5h. Other deductions. Specify: 5 5h. 752.35 2,268.84 6. **Add the payroll deductions**. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. 6. 1,847.65 4,551.21 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross 0.00 2,900.00 receipts, ordinary and necessary business expenses, and the total monthly net income. 8a 0.00 0.00 8b. Interest and dividends 8b 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive 0.00 0.00 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. Unemployment compensation 8d. 1,057.00 0.00 8e. Social Security 8e 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance 0.00 0.00 that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.00 0.00 8g. Pension or retirement income 8g 0.00 0.00 8h. Other monthly income. Specify: 5 8h 2,900.00 1,057.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. 10,355.86 2.904.65 7.451.21 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 10,355.86 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? X No. Yes. Explain:

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Fill in this information to identify your case:			
Debtor 1 Roosevelt Coles	2		
First Name Middle Name Last Name	Check if this is:		
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	An amended	•	
United States Bankruptcy Court for the: District of	· · IVIA	nt showing post- of the following	petition chapter 13 date:
Case number15-10761	MM / DD / YY	YY	
(If known)			2 because Debtor 2
Official Form B 6J	maintains a s	separate housel	nold
Schedule J: Your Expenses			12/13
Be as complete and accurate as possible. If two married people are fill information. If more space is needed, attach another sheet to this form (if known). Answer every question.			_
Part 1: Describe Your Household			
Is this a joint case?			
No. Go to line 2.			
X Yes. Does Debtor 2 live in a separate household?			
X No			
Yes. Debtor 2 must file a separate Schedule J.			
2. Do you have dependents? No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents'			∐ No □ Yes
names.			No
			Yes
			No
			Yes
			No
			Yes
			No
			Yes
3. Do your expenses include expenses of people other than yourself and your dependents?			
Part 2: Estimate Your Ongoing Monthly Expenses			
Estimate your expenses as of your bankruptcy filing date unless you	are using this form as a supplement	in a Chantor 13 c	ease to report
expenses as of a date after the bankruptcy is filed. If this is a suppler applicable date.	•	-	•
Include expenses paid for with non-cash government assistance if yo	u know the value		
of such assistance and have included it on Schedule I: Your Income (Official Form B 6l.)	Your expe	nses
 The rental or home ownership expenses for your residence. Include any rent for the ground or lot. 	e first mortgage payments and 4.	\$	2,208.91
If not included in line 4:			
4a. Real estate taxes	48	a. \$	466.67
4b. Property, homeowner's, or renter's insurance	44	o. \$	0.00
4c. Home maintenance, repair, and upkeep expenses	40	s. \$	0.00
4d. Homeowner's association or condominium dues	40	ı. \$	0.00

4d. Homeowner's association or condominium dues

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Debtor 1

Roosevelt Coles
First Name Middle Name Last Name

Case number (if known) 15-10761

		Your expenses	
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.0	00
	.		
6. Utilities:	0-	500.0	00
6a. Electricity, heat, natural gas	6a.	148.9	94
6b. Water, sewer, garbage collection	6b.	250.0	00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:	6c.	\$161.0	00
ou. Other. Specify.	6d.	850.0	00
7. Food and housekeeping supplies	7.	\$	00
8. Childcare and children's education costs	8.	\$200.0	00
9. Clothing, laundry, and dry cleaning	9.	\$	00
Personal care products and services	10.	\$225.0	
1. Medical and dental expenses	11.	\$	
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$550.0	00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$49.3	34
4. Charitable contributions and religious donations	14.	\$0.0	00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 			
15a. Life insurance	15a.	\$ 0.0	00
15b. Health insurance	15b.	\$ 0.0	00
15c. Vehicle insurance	15c.	\$ 175.0	00
15d. Other insurance. Specify:	15d.	\$ 0.0	00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	10	\$0.0	00
Specify:	16.		
7. Installment or lease payments:		799.0	00
17a. Car payments for Vehicle 1	17a.	\$0.0	
17b. Car payments for Vehicle 2	17b.	\$ 1,750.0	
17c. Other. Specify: Proposed 2nd Mortgage	17c.	Φ	
17d. Other. Specify: Back real estate taxes (paid by Celink) - 138	17d.	\$	
8. Your payments of alimony, maintenance, and support that you did not report as deducted	40	0.0	00
from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	\$	
9. Other payments you make to support others who do not live with you.			
Specify:	19.	\$	00
0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc.	ome.		
20a. Mortgages on other property	20a.	\$	
20b. Real estate taxes	20b.	\$	00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.0	00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.0	0
20e. Homeowner's association or condominium dues	20e.	\$ 0.0	00

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ebtor 1	Roosevelt Coles First Name Middle Name Last Name	Case number (if known) 15	-10761	
	First Name Middle Name Last Name			
Other	. Specify:	21.	+\$	0.00
	monthly expenses. Add lines 4 through 21.		\$	8,795.86
The re	sult is your monthly expenses.	22.	,	
Calcula	ate your monthly net income.			10,355.86
23a. C	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	
23b. C	Copy your monthly expenses from line 22 above.	23b.	-\$	8,795.86
	Subtract your monthly expenses from your monthly income.		\$	1,560.00
ı	The result is your <i>monthly net income</i> .	23c.		
Do you	expect an increase or decrease in your expenses within the year aft	er you file this form?		
For exa	ample, do you expect to finish paying for your car loan within the year or do	o you expect your		
	ge payment to increase or decrease because of a modification to the term			
X No.				
Yes	Explain here:			

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court District of Massachusetts

In re	Rooseven Coles & Karen Kappier Coles	Case No	o. <u>15-10761</u>	
	Debtor			
		Chapter	r <u>13</u>	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 1,206,613.00		
B – Personal Property	YES	3	\$ 112,678.44		
C – Property Claimed as exempt	YES	2			
D – Creditors Holding Secured Claims	YES	2		\$ 1,171,584.21	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	4		\$ 299,733.12	
F - Creditors Holding Unsecured Nonpriority Claims	YES	4		\$ 35,819.00	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 10,355.86
J - Current Expenditures of Individual Debtors(s)	YES	3			\$ 8,795.86
тот	CAL	23	\$ 1,319,291.44	\$ 1,507,136.33	

Officie Ase 15 Stores 162/14 illed 03/27/15 Entered 03/27/15 15:14:02 Desc Main United States Bankruptcy Court District of Massachusetts

In re	Roosevelt Coles & Karen Kappler Coles	Case No.	15-10761	
	Debtor			
		Chapter	13	

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ N.A.
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ N.A.
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ N.A.
Student Loan Obligations (from Schedule F)	\$ N.A.
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ N.A.
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ N.A.
TOTAL	\$ N.A.

State the Following:

Average Income (from Schedule I, Line 12)	\$ N.A.
Average Expenses (from Schedule J, Line 22)	\$ N.A.
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ N.A.

State the Following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ N.A.
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ N.A.	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ N.A.
4. Total from Schedule F		\$ N.A.
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ N.A.

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Filed 03/27/15 Entered 03/27/15 15:14:02 Desc Main Case 15-10761 Doc 16 Document Page 27 of 48

B6 (Official Form 6 - Declaration) (12/07)		
Roosevelt Coles & Karen Kappler	Coles	15 10761
In re		Case No. 15-10761 (If known)
Debtoi		(H KIIOWII)
DECLARAT	ION CONCERNING DI	EBTOR'S SCHEDULES
DECLARAT	TION UNDER PENALTY OF PERJURY	BY INDIVIDUAL DEBTOR
I declare under penalty of perjury the are true and correct to the best of my knowled	hat I have read the foregoing summary and dge, information, and belief.	schedules, consisting of sheets, and that they
Date 02/20/2015	Signature:	/s/ Roosevelt Coles
<u> </u>	_ Signature.	Debtor
Date 02/20/2015	G:	/s/ Karen Kappler Coles
Date	_ Signature:	(Joint Debtor, if any)
	. ,	t case, both spouses must sign.]
DECLARATION AND SIGNAT	TURE OF NON-ATTORNEY BANKRUPTCY F	
110(h) and 342(b); and, (3) if rules or guidelines	s have been promulgated pursuant to 11 U. he debtor notice of the maximum amount b	and information required under 11 U.S.C. §§ 110(b), S.C. § 110 setting a maximum fee for services chargeable efore preparing any document for filing for a debtor or
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer		ial Security No. 1 by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual,		curity number of the officer, principal, responsible person, or partner
who signs this document.		
Address		
X		
Signature of Bankruptcy Petition Prepare	er	Date
Names and Social Security numbers of all other individua	ils who prepared or assisted in preparing this docum	nent, unless the bankruptcy petition preparer is not an individual:
If more than one person prepared this document, attach a	additional signed sheets conforming to the appropri	ate Official Form for each person.
18 U.S.C. § 156.		y Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110;
DECLARATION UNDER PENA	ALTY OF PERJURY ON BEHALF OF	A CORPORATION OR PARTNERSHIP
I, the	[the president or other officer or an a	uthorized agent of the corporation or a member
I, the)	_ [corporation or partnership] named as debtor
in this case, declare under penalty of perjury tha shown on summary page plus 1), and that they are		
Date	Signature:	
	[Driv	t or type name of individual signing on behalf of debtor 1

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.] Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKERUPTCY COURT

District of Massachusetts

In Re	Roosevelt Coles & Karen Kappler Coles	Case No. 15-10761	
		(if known)	Ī

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT		SOURCE
2015(db)	3,500	\$3,500 Uber	
2014(db)	91.27	\$91.27 Uber	
2013(db)	115,500	Includes debtor and joint debtor. Return filed jointly.	
2015(jdb)	16,823.09	16,823.09 First Amer	
2014(jdb)	97,826.12	\$1,052.83 CES \$96,773.29 First Amer	

AMOUNT SOURCE (if more than one)
2013(jdb)

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

2015 (db) 3,500 Social Security Retirement estimate.

2014(db) 13,544.80 Social Security Retirement.

None

3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*)any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF AMOUNT STILL AND RELATIONSHIP TO DEBTOR PAYMENTS PAID OWING

Massachusetts Department of Revenue Bankruptcy Unit PO Box 9564 Boston MA 02114 2/26/2015

\$3,000+

see schedules

^{*}Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after date of adjustment.

3

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None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and Receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

William C. Parks 100 State St, Ste 900 Boston, MA 02109 2/21/2015 4000

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

 \square

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR
DESCRIPTION AND
VALUE OF PROPERTY OR
DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF

OFF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

134 Russell Rd. West Newton, MA 02465 Roosevelt Coles

Moved Out July 2013.

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME NAME AND ADDRESS DATE OF ENVIRONMENTAL AND ADDRESS OF GOVERNMENTAL UNIT NOTICE LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

SITE NAME NAME AND ADDRESS DATE OF AND ADDRESS OF GOVERNMENTAL UNIT NOTICE

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None

NAME AND ADDRESS OF GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

ENVIRONMENTAL

LAW

18. Nature, location and name of business

None \boxtimes

If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN

ADDRESS

NATURE OF BUSINESS BEGINNING AND **ENDING DATES**

Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

 \bowtie NAME

ADDRESS

[Questions 19 - 25 are not applicable to this case]

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	02/20/2015	Signature of Debtor	/s/ Roosevelt Coles	
			ROOSEVELT COLES	
Date	02/20/2015	Signature	/s/ Karen Kappler Coles	
		of Joint Debtor	KAREN KAPPLER COLES	

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B7 (Official Form 7) (04/13)

Q

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0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer	Social Security No. (Required by 11 U.S.C. § 110(c).)	
If the bankruptcy petition preparer is not an individual, state the name, title (if any), addre partner who signs this document.	ss, and social security number of the officer, principal, responsible person, or	
Address		
X		
Signature of Bankruptcy Petition Preparer	Date	

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

Fill in this information to identify your case:							
Debtor 1	Roosevelt Coles	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	Karen Kappler C	oles Middle Name	Last Name				
United States I	Bankruptcy Court for the:		District of MA				
Case number (If known)		15-10761	(State)				

Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:							
☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
□ 3. The commitment period is 3 years.□ 4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A. lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).	d commissions (before all	\$866.66	\$_7,236.72
 Alimony and maintenance payments. Do not include pa Column B is filled in. 	yments from a spouse if	\$	\$0.00
4. All amounts from any source which are regularly paid you or your dependents, including child support. Inclu an unmarried partner, members of your household, your d roommates. Include regular contributions from a spouse of in. Do not include payments you listed on line 3.	de regular contributions from ependents, parents, and	\$0.00	\$0.00
5. Net income from operating a business, profession, or	farm		
Gross receipts (before all deductions)	\$0.00		
Ordinary and necessary operating expenses	- \$0.00		
Net monthly income from a business, profession, or farm	\$ Copy	\$0.00	\$0.00
6. Net income from rental and other real property			
Gross receipts (before all deductions)	\$2,900.00_		
Ordinary and necessary operating expenses	- \$2,071.21		
Net monthly income from rental or other real property	\$ 621.46 Copy	\$621.46	\$828.79

Debtor

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1	Roosevelt	Co	les
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Roosevel	t Coles		
First Name	Middle Name	Last Name	

Case number (if known)____15-1_0761

				Column A Debtor 1	1	Column Debtor 2 non-filin		
7.	Interest, dividends, and royalties			\$	0.00	\$	0.00	
	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount receive the Social Security Act. Instead, list it here:		a benefit under	r				
	For you	\$	0.00					
	For your spouse	\$	0.00					
	Pension or retirement income. Do not include any amount rebenefit under the Social Security Act.	eceived th	nat was a	\$	0.00	\$	0.00	
	Income from all other sources not listed above. Specify the Do not include any benefits received under the Social Security received as a victim of a war crime, a crime against humanity, domestic terrorism. If necessary, list other sources on a separ total on line 10c.	y Act or p , or intern	ayments ational or		0.00		0.00	
	10a			\$	0.00	\$	0.00	
	10b			\$	0.00	\$	0.00	
	10c. Total amounts from separate pages, if any.			+ \$	0.00	+ \$	0.00	
11.	Calculate your total average monthly income. Add lines 2 to column. Then add the total for Column A to the total for Column		0 for each	\$	1,488.12	+ \$	8,065.51	\$_9,553.63 Total average monthly income
Pa	rt 2: Determine How to Measure Your Deductio		Incomo					
	Copy your total average monthly income from line 11							\$9,553.63_
12.								\$ 9,553.63
12. 13.	Copy your total average monthly income from line 11							\$9,553.63_
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one:	0 in line 1	3d.	rly paid for th	e household	l expenses	of you	\$9,553.63_
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column E or your dependents, such as payment of the spouse's tax	0 in line 1 B, that wa c liability c	3d. as NOT regula or the spouse's	rly paid for th s support of s	e household omeone oth	d expenses er than you	of you	\$ 9,553.63
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column E or your dependents, such as payment of the spouse's tax your dependents. In lines 13a-c, specify the basis for excluding this income	0 in line 1 B, that wa c liability c	3d. as NOT regula or the spouse's	rly paid for th s support of s	e household omeone oth	d expenses er than you	of you	\$9,553.63_
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column Bor your dependents, such as payment of the spouse's tax your dependents. In lines 13a-c, specify the basis for excluding this income necessary, list additional adjustments on a separate page	0 in line 1 B, that wa c liability o	3d. as NOT regula or the spouse's amount of inco	rly paid for th s support of s	e household omeone oth	d expenses er than you	of you	\$9,553.63_
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column Boor your dependents, such as payment of the spouse's tax your dependents. In lines 13a-c, specify the basis for excluding this income necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d.	0 in line 1 B, that wa c liability o	3d. as NOT regula or the spouse's	rly paid for th s support of s	e household omeone oth	d expenses er than you	of you	\$9,553.63
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column Bor your dependents, such as payment of the spouse's tax your dependents. In lines 13a-c, specify the basis for excluding this income necessary, list additional adjustments on a separate page If this adjustment does not apply, enter 0 on line 13d.	0 in line 1 B, that wa c liability o	3d. as NOT regula or the spouse's amount of inco	rly paid for the support of some devoted some support of some support of some support of	e household omeone oth	d expenses er than you	of you	\$ 9,553.63
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B or your dependents, such as payment of the spouse's tax your dependents. In lines 13a-c, specify the basis for excluding this income necessary, list additional adjustments on a separate page If this adjustment does not apply, enter 0 on line 13d. 13a. 13b.	0 in line 1 B, that wa k liability o	3d. as NOT regula or the spouse's amount of inco	rly paid for the support of some devoted some states. \$	e household omeone oth	d expenses er than you	of you u or	\$
12.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column Bor your dependents, such as payment of the spouse's tax your dependents. In lines 13a-c, specify the basis for excluding this income necessary, list additional adjustments on a separate page If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c.	0 in line 1 B, that was all liability of and the all e.	3d. as NOT regula or the spouse's amount of inco	rly paid for the support of some devoted some support of some support of some support of support suppo	e household omeone oth to each purp	d expenses er than you	of you u or	
12.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column Bor your dependents, such as payment of the spouse's tax your dependents. In lines 13a-c, specify the basis for excluding this income necessary, list additional adjustments on a separate page If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c. 13d. Total	0 in line 1 B, that wa c liability of	3d. as NOT regula or the spouse's	rly paid for the support of some devoted some support of some support of some support of support suppo	e household omeone oth to each purp	d expenses er than you	s of you u or	
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column Bor your dependents, such as payment of the spouse's tax your dependents. In lines 13a-c, specify the basis for excluding this income necessary, list additional adjustments on a separate page If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c. 13d. Total	0 in line 1 B, that was also liability of and the also.	3d. as NOT regula or the spouse's amount of inco	rly paid for the support of some devoted some series.	e household omeone oth to each purp	d expenses er than you cose. If	of you u or 13d.	0.00
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column Bor your dependents, such as payment of the spouse's tax your dependents. In lines 13a-c, specify the basis for excluding this income necessary, list additional adjustments on a separate page If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c. 13d. Total	0 in line 1 B, that wa c liability of and the a	3d. as NOT regula or the spouse's amount of inco	rly paid for the support of some devoted some series.	e household omeone oth to each purp	d expenses er than you cose. If	of you u or 13d.	

Case 15-10761 Doc 16

Document

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Debtor 1

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Roosevelt Coles
First Name Middle Name

Last Name

Case number (if known) 15-10761

16.	Calculat	te the median family income that applies to you.	Follow these steps:		
	16a. Fill	in the state in which you live.	Massachusetts		
	16b. Fill	in the number of people in your household.	2		
	То	in the median family income for your state and size find a list of applicable median income amounts, go tructions for this form. This list may also be available		16c.	\$_69,673.00
17.	How do	the lines compare?			
	17a. 🗖	Line 15b is less than or equal to line 16c. On the to $\S 1325(b)(3)$. Go to Part 3. Do NOT fill out <i>Calcula</i>	op of page 1 of this form, check box 1, <i>Disposable income is nation of Disposable Income</i> (Official Form 22C–2).	ot deteri	mined under 11 U.S.C.
	17b. 🔼		1 of this form, check box 2, Disposable income is determined on of Disposable Income (Official Form 22C-2). On line 39 of Disposable Income (Official Form 22C-2).		
Pa	rt 3:	Calculate Your Commitment Period Und	ler 11 U.S.C. §1325(b)(4)		
18.	Сору уо	ur total average monthly income from line 11		18.	\$9,553.63
19.	that calc		rried, your spouse is not filing with you, and you contend 325(b)(4) allows you to deduct part of your spouse's		_ c 0.00
	If the ma	arital adjustment does not apply, fill in 0 on line 19a.		19a.	_ \$
	Subtrac	t line 19a from line 18.		19b.	\$_9,553.63
20.	Calculat	te your current monthly income for the year. Foll	low these steps:		
	20a. Co	py line 19b		20a.	\$9,553.63
	Mu	ltiply by 12 (the number of months in a year).			x 12
	20b. Th	e result is your current monthly income for the year	for this part of the form.	20b.	\$ <u>114,643.56</u>
	20c. Cop	y the median family income for your state and size of	of household from line 16c.		\$ 69,673.00
21.	How do	the lines compare?			
		20b is less than line 20c. Unless otherwise ordered ars. Go to Part 4.	by the court, on the top of page 1 of this form, check box 3, 7	⁼he comi	mitment period is
	🛚 Line		wise ordered by the court, on the top of page 1 of this form, Part 4.		
P	art 4:	Sign Below			
	By sig	ning here, under penalty of perjury I declare that the	e information on this statement and in any attachments is true	and cor	rect.
	×	/s/ Roosevelt Coles	/s/ Karen Kappler Coles		
	Siç	gnature of Debtor 1	Signature of Debtor 2		
	Da	ate 02/20/2015 MM / DD / YYYY	$Date \; \frac{02/20/2015}{MM/DD/YYYY}$		
	ı£ .	abaded 47a de NOTEU e trefte Francosco			
	•	checked 17a, do NOT fill out or file Form 22C–2. checked 17b, fill out Form 22C–2 and file it with this	s form. On line 39 of that form, copy your current monthly inco	me from	n line 14 above.

Fill in this in	formation to id	entify your case:	
Debtor 1	Roosevelt (First Name Karen Kap	Coles Middle Name ppler Coles	Last Name
Debtor 2 (Spouse, if filing)		Middle Name	Last Name
United States E	Bankruptcy Court fo	or the:	District ofMA
Case number		15-10761	(State)
(If known)			

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

12/14

ended filing

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$_1,092.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Roosevelt Coles

Last Name

Case number (if known)___15-10761

People who are under 65 years of age					
7a. Out-of-pocket health care allowance per persor	60.00 s				
7b. Number of people who are under 65	x <u>1</u>				
7c. Subtotal. Multiply line 7a by line 7b.	\$60.00_	Copy line 7c here	\$60.00		
People who are 65 years of age or older					
7d. Out-of-pocket health care allowance per persor	n \$144.00				
7e. Number of people who are 65 or older	x1_				
7f. Subtotal. Multiply line 7d by line 7e.	\$144.00_	Copy line 7f here	+ \$144.00		
7g. Total . Add lines 7c and 7f			\$204.00	Copy total here 7g.	\$ 204.00
cal You must use the IRS Local Standards to	answer the questions i	n lines 8-15.			

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$ 606.00

- 9. Housing and utilities Mortgage or rent expenses:
 - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$ 2,012.00

MIDDLESEX (EASTERN DIV) COUNTY

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	,	Average monthly payment				
Proposed 2nd	Mtg	\$1,750.00				
		\$				
		- \$				
9b.Total average mor	thly payment	\$1,750.00	Copy line 9b here → \$_	1,750.00	Repeat this amount on line 33a.	
9c. Net mortgage or rent e	expense.					
	average monthly payment) fro per is less than \$0, enter \$0.	m line 9a (<i>mortgage</i>	or rent \$_	262.00	Copy 9c here→	\$ <u>262.</u> 00
	. Trustee Program's division monthly expenses, fill in any			ng is incorrect	and affects	\$ <u>0.</u> 00
Explain why:						
		• • • • • • • • • • • • • • • • • • • •				

	Case :	15-10761	Doc 16	Filed 03/27/ Document	15 Ente Page 4		/27/15 15 8	5:14:02	Desc Main
Debtor 1	Rooseve First Name	elt Coles Middle Name	Last Name			Case nun	nber (if known)1	5-10761	
11. Loca	ıl transporta	tion expenses:	Check the num	ber of vehicles for wh	ich you claim a	an ownersl	hip or operatir	ng expense.	
	1. Go to								
				l Standards and the r your Census regior				the operating	\$_554.00
vehic	cle below. Yo		the expense if	IRS Local Standards you do not make any icles.					
١	/ehicle 1	Describe Vehicle 1:	2008 Land R	over					
1	13a. Ownersh	nip or leasing co	sts using IRS Lo	ocal Standard	13a.	\$	517.00		
1	ŭ	monthly payme		secured by Vehicle 1.					
	add all a	mounts that are in the 60 months	contractually du	ent here and on line are to each secured or bankruptcy. Then	13e,				
	Name of ea	ch creditor for Ve	hicle 1	Average monthly payment					
	Chase	Auto		199.75	Copy13b here →	- \$	199.75 R	epeat this amou n line 33b.	ınt
1		icle 1 ownership line 13b from lir	•	se Imber is less than \$0	, enter \$0. 13c	. \$	317.25	Copy net Veh expense here	- 21775
V	/ehicle 2	Describe Vehicle 2:	1998 Merced	les					-
1	13d. Ownersh	nip or leasing cos	sts using IRS Lo	ocal Standard	13d.	\$	517.00		

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2 Average monthly payment 0.00 Repeat this amount on line 33c. 0.00Copy here

13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0. 13f.

Copy net Vehicle 2 0.00 0.00 expense here ⋺

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

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Roosevelt Coles

Case number (if known) 15-10761

Other Necessary In addition to the expense deductions listed above, you are allowed your monthly expenses for the Expenses following IRS categories. 16. Taxes; The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, selfemployment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 0.00 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life 0.00insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 0.0022. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ 20.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 160.00 Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. \$<u>3,21</u>5.25 Add lines 6 through 23. **Additional Expense** These are additional deductions allowed by the Means Test. **Deductions** Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 0.00 Health insurance 0.00 Disability insurance 0.00 Health savings account 0.00 0.00 Copy total here Total Do you actually spend this total amount? ■ No. How much do you actually spend? ☑ Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your 0.00 household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential.

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Case number (if known) 15-10761Roosevelt Coles Debtor 1 28. Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage 0.00 housing and utilities allowance, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* 0.00 per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher 0.00 than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). 0.00Do not include any amount more than 15% of your gross monthly income. 32. Add all of the additional expense deductions. 0.00 Add lines 25 through 31. **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home 33a. Copy line 9b here Loans on your first two vehicles 199.75 33b. Copy line 13b here. 0.00 33c. Copy line 13e here. Name of each creditor for other Identify property that secures Does payment secured debt the debt include taxes or insurance? X No Select Portfolio Servicing 134 Russell Rd c 2,208.91 Yes ☐ No 0.00 □Yes □ No 0.00 Yes Copy total **\$** 4,158.66 \$4,158.66

33g. Total average monthly payment. Add lines 33a through 33f.....

here

Roosevelt Coles

First Name Middle Na

Last Nam

Case number (if known)_ 15-10761

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

■ No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount
Select Portfolio Servicing	134 Russell Rd	\$	÷ 60 =	\$
		\$	÷ 60 =	\$
		\$	÷ 60 = -	+ \$
			[73.63

Total

\$_____73.63

Copy total \$

73.63

35. Do you owe any priority claims—such as a priority tax, child support, or alimony— that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

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Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims.

196,553.55 ÷ 60

\$,275.89

36. Projected monthly Chapter 13 plan payment

\$ 1,560.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x <u>6</u>

Average monthly administrative expense

\$____93.60_

\$ 93.60

Сору

total

37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$<u>7,601.7</u>8

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances.....

3,215.25

Copy line 32, All of the additional expense deductions.....

\$ 0.00

Copy line 37, All of the deductions for debt payment.....

7,601.78

Total deductions

\$____10,817.03

Copy total here

10,817.03

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expended for such child.

Case number (if known)__15-10761

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period...... \$9,553.63

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be

0.00

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).

0.00

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here

\$ 10,817.03

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

	Describe the special circumstances	Amount of expense					
	43a	- \$					
	43b	- \$					
	43c	+ \$					
	43d. Total . Add lines 43a through 43c	\$0.00 co	Copy 43d nere 	+\$	0.00		
ś	14. Total adjustments. Add lines 40 through 43d		→	\$ <u>10</u>	,817.03	Copy total	- \$\frac{10,817}{}

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.

\$1,263.40

.03

Part 3:

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Change in Income or Expenses

Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
22C-1 22C-2				☐ Increase☐ Decrease	\$
22C-1 22C-2				☐ Increase☐ Decrease	\$
☐ 22C—1 ☐ 22C—2				☐ Increase☐ Decrease	\$
☐ 22C—1 ☐ 22C—2				☐ Increase☐ Decrease	\$

Filed 03/27/15 Entered 03/27/15 15:14:02 Desc Main Case 15-10761 Doc 16 Page 47 of 48 Document

Case number (if known) 15-10761 Roosevelt Coles Debtor 1 Part 4: Sign Below By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct. × /s/ Roosevelt Coles /s/ Karen Kappler Coles Signature of Debtor 1 Signature of Debtor 2

02/20/2015 Date MM / DD / YYYY

02/20/2015 Date MM / DD / YYYY

Document

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Debtor 1

Roosevelt Coles First Name Middle Name Case Number (if known)

15-10761

Form 22 Continuation Sheet

Last Name

Monthly Income

Month 1 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	2,600.00 5,000.00 0.00 0.00 0.00 828.79 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Month 2 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	2,600.00 11,823.09 0.00 0.00 0.00 828.79 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
Month 3 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	0.00 5,000.00 0.00 0.00 828.79 828.79 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Month 4 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	$\begin{array}{ccc} 0.00 & 6,405.19 \\ 0.00 & 0.00 \\ 0.00 & 828.79 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ \end{array}$
Month 5 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	0.00 10,192.05 0.00 0.00 0.00 828.79 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Month 6 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	$\begin{array}{ccc} 0.00 & 5,000.00 \\ 0.00 & 0.00 \\ 2,900.00 & 828.79 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ 0.00 & 0.00 \\ \end{array}$

Additional Items as Designated, if any

Remarks

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